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## NOTICE OF PRIVACY PRACTICES

Health providers are required by law to provide you with this notice, which explains privacy practices with regard to your medical information. The notice describes how psychological and medical information about you may be used and disclosed, as well as how you can get access to it. Please review it carefully.

### I. Disclosures for Treatment, Payment, and Health Care Operations

A therapist may use or disclose your *protected health information (PHI)*, for certain *treatment, payment, and health care operations* purposes without your *authorization*. In certain circumstances a therapist can only do so when the person or business requesting your PHI provides a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you.
- **Treatment** is when a healthcare provider diagnoses or treats you. An example of treatment would be when a therapist consults with another health care provider, such as a physician or another psychologist, regarding your treatment.
- **Payment** is when a therapist obtains reimbursement for your healthcare. Examples of payment are when a therapist discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage.
- **Health Care Operations** is when a therapist discloses your PHI to your health care service plan (health insurer) or other health care providers contracting with or administering the place, such as case management or care coordination.
- **Use** applies only to activities within a therapist's [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of a therapist's [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.
- **Authorization** means your written permission for specific uses or disclosures.

### II. Uses and Disclosures Requiring Authorization

Therapists may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when a therapist is asked for information for purposes outside of treatment and payment operations, they must obtain an authorization from you before releasing this information. Authorization is also required before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes some therapists keep about psychotherapy conversations during a private counseling session or a group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until received by your therapist. Authorization will also be obtained from you before using or disclosing PHI in a way that is not described in this notice.

### III. Uses and Disclosures with Neither Consent nor Authorization

A therapist may use or disclose PHI without your consent or authorization in the following circumstances:

Health Emergencies: Health information may be disclosed to others without your consent if you need emergency treatment, including if your therapist tries to get consent for such treatment but you are unable to communicate. Your therapist must try to obtain your consent later, after treatment is rendered.

**Child Abuse:** If a therapist, in a professional capacity, has knowledge of or observes a child he or she knows or reasonably suspects has been the victim of child abuse or neglect, that therapist must immediately file a report with the police or sheriff's department, county probation department, or county welfare department. If a therapist has knowledge of or reasonably suspects that mental suffering has been inflicted on a child, or that a child's emotional well-being is endangered, the therapist may make a report to the appropriate agencies.

**Adult and Domestic Abuse:** Whenever a therapist, in a professional capacity, has knowledge of or observes an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder of dependent adult, or if a therapist is told by an elder or dependent adult that he or she has experienced such abuse, or if a therapist reasonably suspects such an incident, the therapist must report the known or suspected abuse immediately. If, however, (a) an elder or dependent adult who has been diagnosed with a mental illness or dementia, or who is the subject of a conservatorship because of a mental illness or dementia, tells a therapist of an incident of abuse; (b) the therapist is unaware of any independent corroborating evidence; **and**, (c) in the exercise of clinical judgment, the therapist reasonably believes that the abuse did not occur, the therapist is not required to make a report.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that a therapist has provided you, the therapist must *not* release your information without (a) your written authorization or the authorization of your attorney or personal representative; (b) a court order; or (c) a subpoena *duces tecum* (a subpoena to provide records). In the last instance, the party seeking your records must provide the therapist with a showing that you or your attorney has been served with a copy of the subpoena, affidavit, and the appropriate notice. In addition, you must *not* have notified the therapist that you are bringing a motion in to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

**Health Oversight:** If a complaint is filed against a therapist with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from the therapist relevant to that complaint.

**Serious Threat to Health or Safety:** If you communicate to a therapist a serious threat of physical violence against an identifiable victim, the therapist must make reasonable efforts to communicate that information to the potential victim and the police. If a therapist has reason to believe that your mental state makes you a danger to yourself or others, the therapist may release relevant information as necessary to prevent the threatened danger.

**Workers' Compensation:** If you file a worker's compensation claim, a therapist may disclose to your employer your medical information created as a result of employment-related health care services provided to you at the specific prior written consent and expense of your employer so long as the requested information is relevant to your claim provided that is only used or disclosed in connection with your claim and describes your functional limitations provided that no statement of medical cause is included.

**Other Allowable Disclosures:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a healthy oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

#### **IV. Patient's Rights**

You have the following rights in respect to your health information.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. However, therapists are not required to agree to the restrictions you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and review confidential communications of health information by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a therapist. Upon your request, I can send your bill to another address.

Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of your health information and the mental health and billing records used to make decisions about you for as long as the health information is maintained in the record. Your access may be denied under certain circumstances. In some cases, you may have a denial reviewed. If you request, I will discuss with you the details of the request and denial process.

Right to Amend: You have the right to request to amend your health information (PHI) for as long as the health information (PHI) is maintained in the record. In some circumstances your request may be denied. If you request, I will discuss with you the details of the amendment process.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of health information for which you have provided neither consent nor authorization, as in the situations described in Section III of this Notice. If you request, I will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of this notice, even if you have agreed to receive it electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for a therapist's services.

Right to Be Notified if There is a Breach of Your Unsecured PHI: You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

## **V. Questions and Complaints**

*You are always free to discuss this notice and these policies with me so that we can address your questions, complaints, or concerns.*

Complaints: If you are concerned that a therapist has violated your privacy rights, or you disagree with a decision that a therapist has made about access to your records, you may wish to file a complaint with this office. You may send your written complaint to the address at the top of this notice. You may also contact the California Department of Health Services and/or send a written complaint to the Secretary of the U.S. Department of Health and Human Services. When filing a complaint, please include the following information: type of infraction, description of the privacy issue, date of incident if applicable, and address where formal response may be sent. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

## **VI. Effective Date, Restrictions, Changes to Privacy Policy**

Therapists are required by law to maintain the privacy of health information and to provide you with a notice of legal duties and privacy practices with respect to it. I reserve the right to change the policies and practices described here. Unless I advise you of such changes, I am required to abide by the terms currently in effect. If I revise these policies and procedures, I will provide you with a revised Notice in person or by mail. **This notice will go into effect on July 15, 2014.**